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REVOCAION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Application Number	10/603,064
		Filing Date	June 24, 2003
		First Named Inventor	Stephen D. Gillies
		Art Unit	1646
		Examiner Name	P. M. Mertz
		Attorney Docket Number	LEX-010C1

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number: 051414 Please change the correspondence address for the above-identified application to: The address associated with
Customer Number: 051414

OR

 Firm or
Individual Name

Address

City

Country

State

Zip

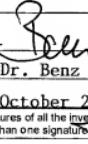
Telephone

Email

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature



Name

Dr. Benz

Date

October 26, 2008

Telephone

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 1 forms are submitted.